

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2006

through

02

28

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

03

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		331338.52
(b) Cash on Hand at Beginning of Reporting Period	445995.53	
(c) Total Receipts (from Line 19)	32307.21	163046.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	478302.74	494385.00
7. Total Disbursements (from Line 31)	11989.65	28071.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	466313.09	466313.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	23290.99	136318.16
(i) Itemized (use Schedule A)	8255.85	25400.74
(ii) Unitemized	31546.84	161718.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	31546.84	161718.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	760.37	1327.58
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32307.21	163046.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32307.21	163046.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		11500.00	26500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		489.65	1571.91
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		11989.65	28071.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		11989.65	28071.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31546.84	161718.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31546.84	161718.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Mark Parson			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 2220 Village Walk Dr Apt 3319			Transaction ID: 12733250	
City Henderson	State NV	Zip Code 89052-7804	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Emory Univ Hospital		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) DR James LeClair			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 974 Aberdeen Ct NW			Transaction ID: 12733275	
City Concord	State NC	Zip Code 28027-6451	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Cabarras Radiologists, P.- A.		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		
C. Full Name (Last, First, Middle Initial) DR Scott Kennedy			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 821 Tanglewood Dr NE			Transaction ID: 12733285	
City Concord	State NC	Zip Code 28025-2581	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Cabarrus Radiologists PA		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Vernon Byrd

Mailing Address 801 Shetland PL NW

City State Zip Code
 Concord NC 28027-7578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Radiologists PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 1 / 2 0 0 6

Transaction ID: 12733284

Amount of Each Receipt this Period

600.00

B. Full Name (Last, First, Middle Initial)

DR John Rossitch

Mailing Address 1187 Asheford Green Ave

City State Zip Code
 Concord NC 28027-8189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 1 / 2 0 0 6

Transaction ID: 12733276

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)

DR Scott Baker

Mailing Address 3607 Curtland PI NW

City State Zip Code
 Concord NC 28027-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Radiologist PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 1 / 2 0 0 6

Transaction ID: 12733283

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Stuart Bobman

Mailing Address 3680 Broadway

City

Fort Myers

State

FL

Zip Code

33901-8005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Regional Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 6

Transaction ID: 12733247

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR David Miller

Mailing Address 1102 W Wynona Ave

City

Enid

State

OK

Zip Code

73703-6908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Enid

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 6

Transaction ID: 12733246

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Bernard Landry

Mailing Address 3767 Hyacinth Ave

City

Baton Rouge

State

LA

Zip Code

70808-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 6

Transaction ID: 12733274

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Wehrung

Mailing Address 19916 River Falls Drive

City State Zip Code
Davidson NC 28036-8870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Radiologists, P.-
A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 6

Transaction ID: 12733282

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. DR Thomas Chang

Mailing Address 4 Old Timber Trl

City State Zip Code
Pittsburgh PA 15238-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weinstein Imagine Associa-
tes

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12738146

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Carlos Hamilton, III

Mailing Address 6127 Olympia Dr

City State Zip Code
Houston TX 77057-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Radiology Associ-
ates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 12836575

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Dewey Garner, JR

Mailing Address 2188 Johnson Rd

City

Germantown

State

TN

Zip Code

38139-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-South Imaging and Therapeutics

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 12834238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Denise Collins

Mailing Address 2813 Amberly Ln

City

Troy

State

MI

Zip Code

48084-2689

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 12834247

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Daniel Wunder

Mailing Address 110 Meadowpointe E

City

Hendersonville

State

TN

Zip Code

37075-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Diagnostic Imaging, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 12836571

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Neil Roach		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address Univ of PA Hospital 3400 Spruce St		Transaction ID: 12834250	
City Philadelphia State PA Zip Code 19104-4208		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hospital of th Univ of Penn Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) DR Eugenio Erquiaga		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 340 Osprey Point Dr		Transaction ID: 12836572	
City Osprey State FL Zip Code 34229-9251		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiologic Assoc. of Venice & Englewood Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) DR Deborah Lucas		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address Southwestern Radiology 3801 W Market St		Transaction ID: 12834246	
City Greensboro State NC Zip Code 27407-1301		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Southeastern Radiology - Greensboro, N Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Richard Budenz
 Mailing Address 3293 Knollridge Dr

City State Zip Code
 El Dorado Hills CA 95762-4459

FEC ID number of contributing federal political committee.

C

Name of Employer
University of CaliforniaOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 12834242

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
 DR Charles Williams
 Mailing Address 456 Carr Ln

City State Zip Code
 Tallahassee FL 32312-8043

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology Associates of TallahasseeOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 12834249

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
 DR Nathaniel Karlins
 Mailing Address 2873 Lilac Ln

City State Zip Code
 Fargo ND 58102-1706

FEC ID number of contributing federal political committee.

C

Name of Employer
Meridian Medical GroupOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 12834261

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Cheney Meiere, JR

Mailing Address 2204 Windsor Forest Dr

City State Zip Code
 Florence SC 29501-2069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florence Radiological Ass-
ociates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 12834259

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Hubert Oakley

Mailing Address 1817 N Shore Dr

City State Zip Code
 Clear Lake IA 50428-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology of N Iowa

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 12834241

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Michael Raskin

Mailing Address University Medical Center
 7710 NW 71st Ct Ste 207

City State Zip Code
 Tamarac FL 33321-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael M. Raskin, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 12836574

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Soong, JR

Mailing Address 500 Ala Moana Blvd Ste 4-510

City State Zip Code
Honolulu HI 96813-4925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Queens Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 12834240

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR John Campbell

Mailing Address 1416 Watersedge Dr

City State Zip Code
Virginia Beach VA 23452-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.67

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917217

Amount of Each Receipt this Period

66.67

C. Full Name (Last, First, Middle Initial)

DR Katrina Vanderveen

Mailing Address 14635 Wheaton Dr

City State Zip Code
Granger IN 46530-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917278

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

774.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Yoonah Kim

Mailing Address 917 Kings Cross

City State Zip Code
 Virginia Beach VA 23452-6230

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Center Radiologis-
 ts, Inc

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.76

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917219

Amount of Each Receipt this Period

83.33

B. Full Name (Last, First, Middle Initial)
 DR Ramesh Gopal

Mailing Address 52392 Clarendon Hills Dr

City State Zip Code
 Granger IN 46530-7864

FEC ID number of contributing federal political committee.

C

Name of Employer
 Radiology, Inc.

Occupation
 Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917245

Amount of Each Receipt this Period

208.31

C. Full Name (Last, First, Middle Initial)
 DR Samir Patel

Mailing Address 51362 Amesbury Way

City State Zip Code
 Granger IN 46530-4829

FEC ID number of contributing federal political committee.

C

Name of Employer
 Radiology, Inc.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917265

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

499.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Grantham

Mailing Address 50591 Glenshire Ct

City State Zip Code
 Granger IN 46530-4978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917246

Amount of Each Receipt this Period

208.31

Full Name (Last, First, Middle Initial)

B. DR Howard Wiarda

Mailing Address 16784 Woodland Hills Dr S

City State Zip Code
 Granger IN 46530-8447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917280

Amount of Each Receipt this Period

208.31

Full Name (Last, First, Middle Initial)

C. DR Michael Wheeler

Mailing Address 14689 Old Farm Rd

City State Zip Code
 Granger IN 46530-6845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917279

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

624.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Allison Lamont

Mailing Address Radiology Inc
PO Box 1258

City State Zip Code
South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917261

Amount of Each Receipt this Period

208.31

B. Full Name (Last, First, Middle Initial)

DR Alan Engel

Mailing Address 50741 Ashford Ln

City State Zip Code
Granger IN 46530-8423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917242

Amount of Each Receipt this Period

208.31

C. Full Name (Last, First, Middle Initial)

DR John Hill

Mailing Address 1531 Cedar Springs Ct

City State Zip Code
Mishawaka IN 46545-4053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917253

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

624.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Thomas Fischbach

Mailing Address 50600 Fox Trl

City State Zip Code
 Granger IN 46530-8598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917244

Amount of Each Receipt this Period

208.31

B. Full Name (Last, First, Middle Initial)

DR Alphonse Harding

Mailing Address 17120 Wheatridge Ct

City State Zip Code
 Granger IN 46530-9769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917252

Amount of Each Receipt this Period

208.31

C. Full Name (Last, First, Middle Initial)

DR Mary Dynes

Mailing Address Elkhart General Hosp
 600 East Blvd

City State Zip Code
 Elkhart IN 46514-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917236

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

624.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Pedro Miro
 Mailing Address 50957 Park Ridge Ct

City State Zip Code
 Granger IN 46530-4986

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917263

Amount of Each Receipt this Period

208.31

B. Full Name (Last, First, Middle Initial)
 DR David Hornback
 Mailing Address 50736 Meadow Green Ct

City State Zip Code
 Granger IN 46530-9760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917255

Amount of Each Receipt this Period

208.31

C. Full Name (Last, First, Middle Initial)
 DR Russell Johnson
 Mailing Address Elkhart General Hospital
 600 East Blvd

City State Zip Code
 Elkhart IN 46514-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917256

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

624.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Russell Midkiff
Mailing Address 51930 Quail Valley Dr

City State Zip Code
Granger IN 46530-8875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917262

Amount of Each Receipt this Period

208.31

B. Full Name (Last, First, Middle Initial)
DR Thomas Seiffert
Mailing Address 620 W Edison Rd Ste 110

City State Zip Code
Mishawaka IN 46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917267

Amount of Each Receipt this Period

208.31

C. Full Name (Last, First, Middle Initial)
DR John Collingwood
Mailing Address 51766 Ashton Court

City State Zip Code
Granger IN 46530-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917233

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

624.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Daniel Boll

Mailing Address Radiology Inc
PO Box 1258

City State Zip Code
South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917232

Amount of Each Receipt this Period

208.31

B. Full Name (Last, First, Middle Initial)

DR David D'Andrea

Mailing Address 51326 Amesbury Way

City State Zip Code
Granger IN 46530-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917234

Amount of Each Receipt this Period

208.31

C. Full Name (Last, First, Middle Initial)

DR Gerard Duprat, JR

Mailing Address 620 W Edison Rd Ste 110

City State Zip Code
Mishawaka IN 46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917235

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

624.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR James Field

Mailing Address PO Box 1258

City State Zip Code
 South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917243

Amount of Each Receipt this Period

208.31

B. Full Name (Last, First, Middle Initial)

DR Toby Kramer

Mailing Address LaPorte Hospital
 PO Box 250

City State Zip Code
 La Porte IN 46352-0250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917260

Amount of Each Receipt this Period

208.31

C. Full Name (Last, First, Middle Initial)

DR Mark Ormson

Mailing Address 51194 Midlothian Ct

City State Zip Code
 Granger IN 46530-9253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917264

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

624.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Karl Schultz

Mailing Address Radiology Inc
PO Box 1258

City State Zip Code
South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917266

Amount of Each Receipt this Period

208.31

B. Full Name (Last, First, Middle Initial)

Kevin Michael Small

Mailing Address 307 E La Salle Avenue Apt. 322L

City State Zip Code
South Bend IN 46617-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917268

Amount of Each Receipt this Period

208.31

C. Full Name (Last, First, Middle Initial)

Nina F. Johnson

Mailing Address 16730 Orchard Ridge Court

City State Zip Code
Granger IN 46530-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917281

Amount of Each Receipt this Period

208.31

SUBTOTAL of Receipts This Page (optional)

624.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Michael R. Holt

Mailing Address 16980 Stonegate Court

City State Zip Code
 Granger IN 46530-6947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917254

Amount of Each Receipt this Period

208.31

Full Name (Last, First, Middle Initial)

B. Dr. Jerrold A. Van Dyke

Mailing Address Radiology Incorporated
 PO Box 1258

City State Zip Code
 South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 0 6

Transaction ID: 12917269

Amount of Each Receipt this Period

208.31

Full Name (Last, First, Middle Initial)

C. DR Stephen Bravo

Mailing Address 6863 Valhalla Way

City State Zip Code
 Windermere FL 34786-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 6

Transaction ID: 12935326

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

666.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Linda Nall		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address LSU-Shreveport Medical School 1501 Kings Hwy		
City	State	Zip Code
Shreveport	LA	71103-4228
FEC ID number of contributing federal political committee.		Transaction ID: 12935325
Name of Employer LSU-Shreveport Medical School		Amount of Each Receipt this Period 250.00
Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) DR Lloyd Hendrix		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 440 Kittiver Court		
City	State	Zip Code
Neenah	WI	54956-2913
FEC ID number of contributing federal political committee.		Transaction ID: 12935323
Name of Employer Radiology Assoc of Fox Valley		Amount of Each Receipt this Period 250.00
Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial) DR Kishan Yalavarthi		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 1318 Arbor Bluff Cir		
City	State	Zip Code
Ballwin	MO	63021-3703
FEC ID number of contributing federal political committee.		Transaction ID: 12940958
Name of Employer Diagnostic Imaging Associates		Amount of Each Receipt this Period 250.00
Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kelly Broderick

Mailing Address 2840 Mariposa Dr

City State Zip Code
 Burlingame CA 94010-5735

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng, M.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 6

Transaction ID: 12938959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Leonard Gibson, JR

Mailing Address 1100 Woodland Dr NW

City State Zip Code
 Wilson NC 27893-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilson Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 4 / 2 0 0 6

Transaction ID: 12998216

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR William Brooks, III

Mailing Address 818 Willow Lake

City State Zip Code
 Evans GA 30809-8000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 13083875

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Bibb Allen, JR

Mailing Address Baptist Medical Ctr-Montclair
800 Montclair Rd

City State Zip Code
Birmingham AL 35213-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montclair Baptist Medical
Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 13074221

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Charles Armstrong

Mailing Address 6504 State Route 17

City State Zip Code
West Plains MO 65775-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ozarks Medical Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 13084028

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Hugo Falcon, JR

Mailing Address 2304 Valley Brook Way NE

City State Zip Code
Atlanta GA 30319-5241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Special-
ists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 13074216

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David W. Weiss

Mailing Address 23 Saint Andrews Dr

City State Zip Code
 Little Rock AR 72212-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 13074219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR George Wakefield, III

Mailing Address 3221 Thomas Ave

City State Zip Code
 Montgomery AL 36106-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 13083876

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Marie Taylor

Mailing Address Washington University
 4921 Parkview Pl

City State Zip Code
 Saint Louis MO 63110-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wash Univ. School of Medi-
cine

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 13074220

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City State Zip Code
 Dallas TX 75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 13074224

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR William Jones

Mailing Address 4888 Sedgwick

City State Zip Code
 Riverside CA 92507-5893

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arlington Rad Medical Grp
Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 13074215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Curtis Poor

Mailing Address 2415 Eagle Cir

City State Zip Code
 Bettendorf IA 52722-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group PC SC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 13074222

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Michael Raskin

Mailing Address University Medical Center
7710 NW 71st Ct Ste 207

City State Zip Code
Tamarac FL 33321-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael M. Raskin, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 13074223

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

23290.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 35

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1327.58

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 13411105

Amount of Each Receipt this Period

760.37

Interest

SUBTOTAL of Receipts This Page (optional)

760.37

TOTAL This Period (last page this line number only)

760.37

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Hobson for Congress

Mailing Address 82 West Columbia

City
Springfield

State
OH

Zip Code
45503

Purpose of Disbursement

011

Category/
Type

Candidate Name
David Hobson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: H District: 7

Transaction ID: 12870611

Date of Disbursement

02 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

011

Category/
Type

Candidate Name
Pete Stark

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: H District: 13

Transaction ID: 12870614

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rogers for Congress

Mailing Address Post Office Box 581

City
Brighton

State
MI

Zip Code
48116

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mike Rogers

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: H District: 8

Transaction ID: 13444332

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Schwarz for Congress

Mailing Address Post Office Box 2063

City State Zip Code
Battle Creek MI 49016

Purpose of Disbursement

Candidate Name
John Schwarz

Office Sought: ☒ House
☐ Senate
☐ President

State: H District: 7

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12870618

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City State Zip Code
San Antonio TX 78212

Purpose of Disbursement

Candidate Name
Rep. Charles Gonzalez

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 20

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12870616

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bilirakis For Congress

Mailing Address 610 S Boulevard

City State Zip Code
Tampa FL 33606

Purpose of Disbursement

Candidate Name
Mr. Gus Bilirakis

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 9

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12870620

Date of Disbursement

02 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Feinstein for Senate

Mailing Address 601 S. Glenoaks Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement

Candidate Name
Dianne Feinstein

Office Sought: ☐ House
☒ Senate
☐ President

State: S District: 1

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12948791

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Gingrey for Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name
Phillip John Gingrey

Office Sought: ☒ House
☐ Senate
☐ President

State: H District: 11

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12948790

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

11500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 13411111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

489.65

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

489.65

TOTAL This Period (last page this line number only)

489.65